

**FEC
FORM 3**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For An Authorized Committee

RECEIVED
FEC MAIL CENTER
2015 OCT 22 AM 6:51

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

Delinda Morgan for Congress
Morgan for Oregon

ADDRESS (number and street) 23918 N.E. Spring Hill Rd.
PO Box 16
Gaston OR 97119-
Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C 00525154
3. IS THIS REPORT NEW (N) OR AMENDED (A) OR OR
STATE ▼ DISTRICT

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports:
April 15 Quarterly Report (Q1)
July 15 Quarterly Report (Q2)
X October 15 Quarterly Report (Q3)
January 31 Year-End Report (YE)
Termination Report (TER)
(b) 12-Day PRE-Election Report for the:
Primary (12P) General (12G) Runoff (12R)
Convention (12C) Special (12S)
Election on M M / D D / Y Y Y Y in the State of
(c) 30-Day POST-Election Report for the:
General (30G) Runoff (30R) Special (30S)
Election on M M / D D / Y Y Y Y in the State of

5. Covering Period 07 01 2015 through 09 30 2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Gay Lance Morgan

Signature of Treasurer G. Morgan Date 10 15 2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only									
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FEC FORM 3
(Revised 02/2003)